

Name
in
Full

CERTIFICATE OF DEATH

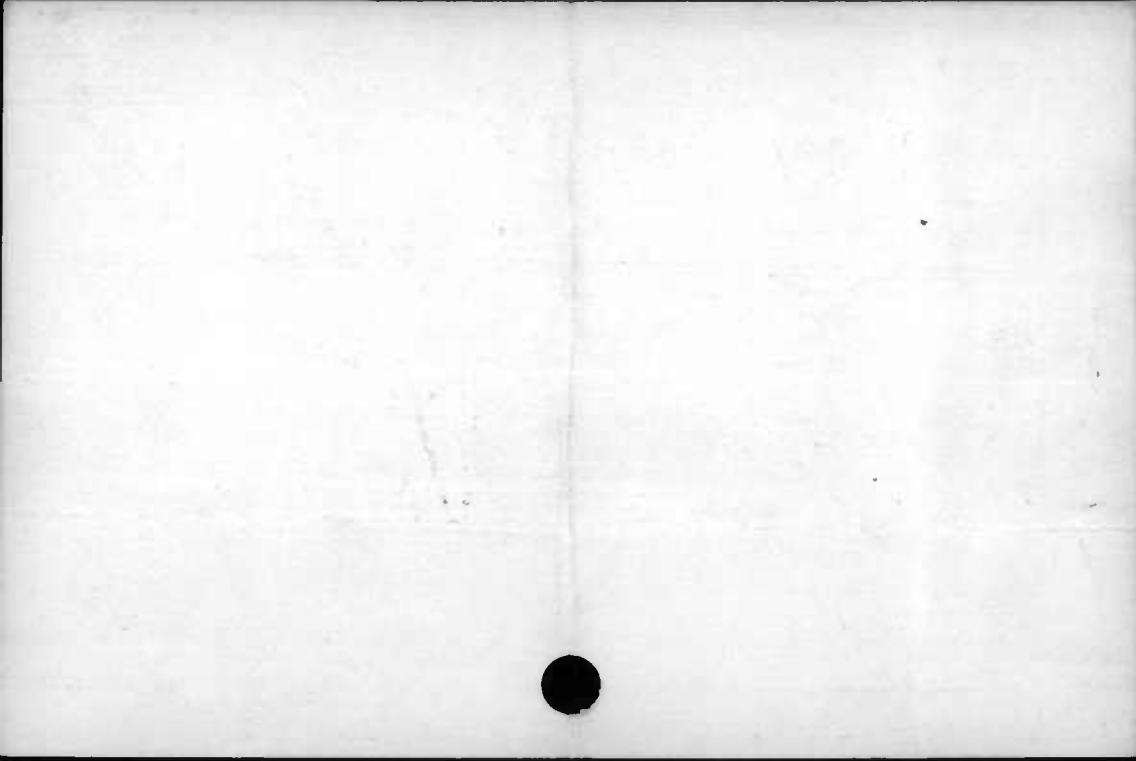
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Lopka</i>		County <i>Harford</i>		MARYLAND	
Date of death		Month <i>July</i>	Day <i>24</i>	Age <i>68</i>	Years	Months	Days
Sex	<i>male</i>	Color or Race	<i>Black</i>		Birthplace	<i>Harford Co</i>	
Occupation	<i>laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>Sarah Preston</i>				
Father's Name	<i>Daniel Adams</i>				Father's Birthplace	<i>Harford Co</i>	
Mother's Maiden Name	<i>Mattilda Gilbert</i>				Mother's Birthplace	<i>P</i>	
Name of person giving information	<i>Mary Piersberry</i>				How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Gastric Catarrh</i>	<i>(104)</i>	How long	<i>18 days</i>
Immediate				
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Chas E Roth</i>	
		Address	<i>Edgemoor</i>	
Accident or Suicide?	<i>no</i>			



Name
in
Full

Garrett Amos

CERTIFICATE OF DEATH

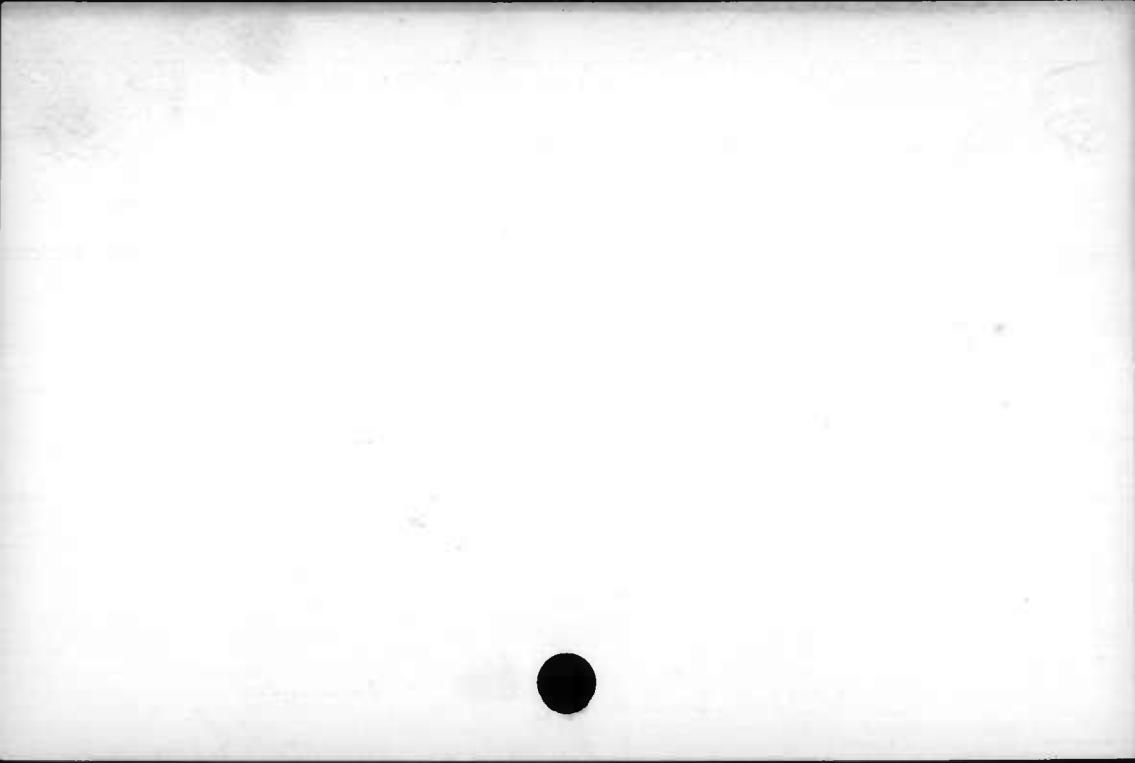
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Benson</u> Town			County <u>Harford</u>			MARYLAND	
Date of death 190 <u>5</u>	Month <u>July</u>	Day <u>16</u>	Age <u>81</u>	Years	Months	Days	
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Harford County</u>				
Married, Single or Widowed <u>Widower</u>			Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Ruth Anna Parry</u>							
Father's Name <u>William Lee Amos</u>			Father's Birthplace <u>Harford County</u>				
Mother's Maiden Name <u>Garrett (Abigail)</u>			Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>J. Wilson Moore</u>			How related to deceased <u>no relation</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Hypertrophied prostate + Cephalitis + pyelitis</u>	How long	<u>2 or 3 months.</u>
Immediate	<u>Septicæmia</u>	How long	<u>1 week -</u>
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		<u>G. F. Vant Bibber</u>	
Address		<u>T Bel Air</u>	
Accident or Suicide?		<u>No.</u>	



Name
in
Full

Thomas Arlau

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hampden* Town*Harford* County

MARYLAND

Date of death *July 22* 190 *5*

Month

July

Day

22

Years

Age *60*

Months

Days

Sex *Male*Color or
Race*Negro*Birth-
place*Cecil Co*

Occupation

*Laborer*Where Residing if not
at place of death*Pond Creek Cecil Co.*Married, Single
or Widowed*Married*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Otto Reason Negro*How related
to deceased*No*

CAUSES OF DEATH

Primary

Drowned

How long

Immediate

Drowning

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician

Address

Arthur Sylvester E. Pruning
Hampden
Med

Accident or Suicide?

Accident



Name
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CERTIFICATE OF DEATH

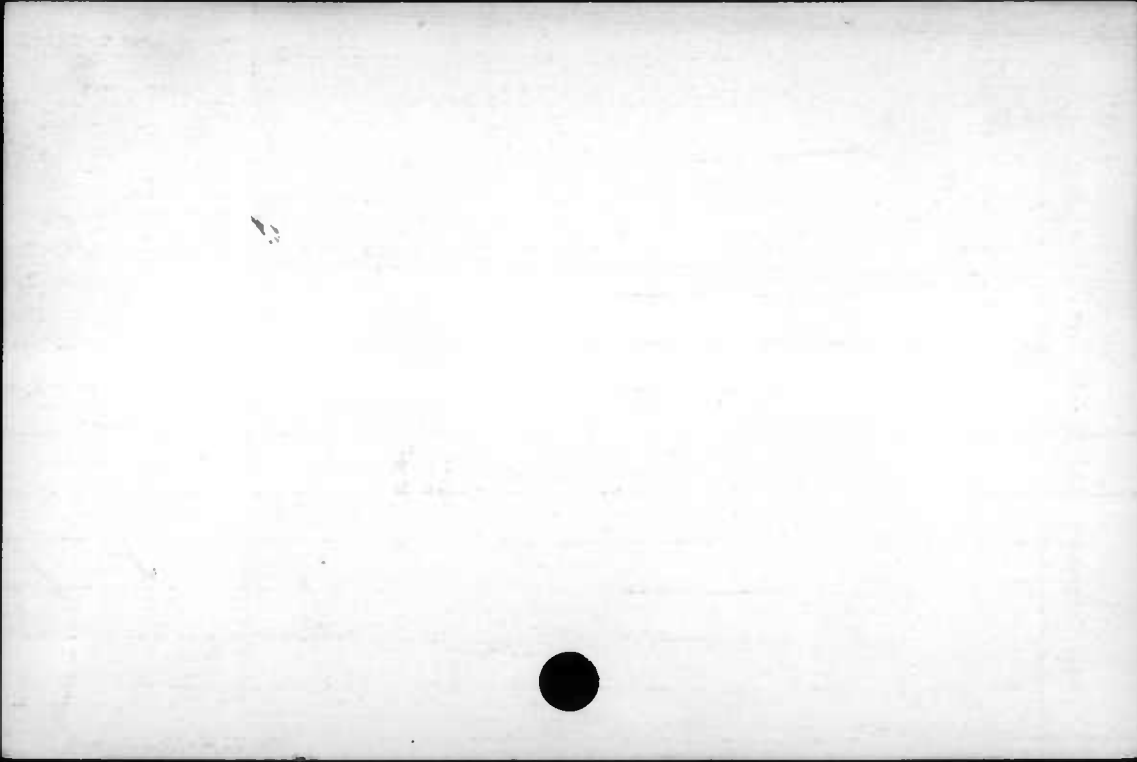
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Harrodsde Grace</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1900</i>	<i>July</i> ^{Month}	<i>31</i> ^{Day}	Age <i>3</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Harrodsde Grace</i>				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Howard Emerys</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Carrie Brinkman</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>Father</i>	How related to deceased <i>Father</i>				

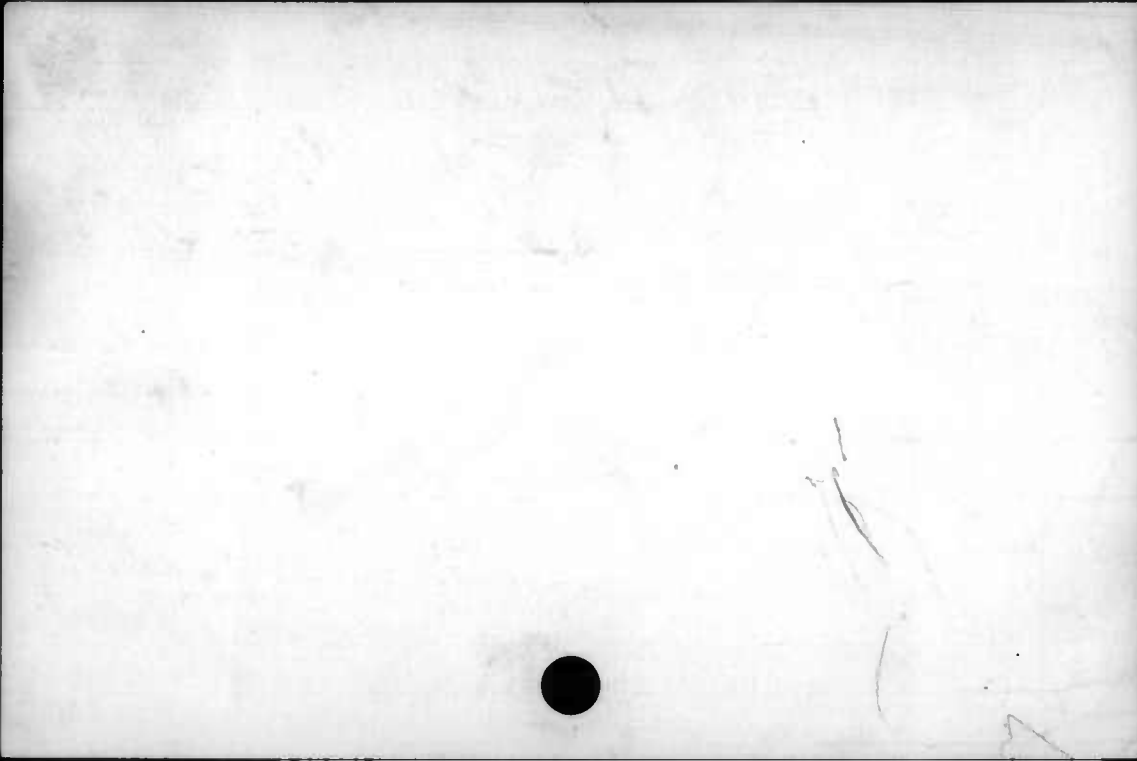
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>CC Brothues</i>
	Address <i>Harrodsde Grace Ind.</i>
Accident or Suicide?	



Name in Full Laswell Brooks		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at Creswell Town		Wayford County		MARYLAND
	Date of death 1905	Month 7	Day 2d	Age 2 Years	Months — Days —
	Sex Female		Color or Race Colored	Birth-place md.	
	Occupation —		Where Residing if not at place of death —		
	Married, Single or Widowed Single	Name of Wife or Husband —			
	Father's Name Chas Brooks	Father's Birthplace md			
	Mother's Maiden Name Ella Daugherty	Mother's Birthplace md			
Name of person giving Information Chas Daugherty		How related to deceased Uncle			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Rachitis		How long Since Birth		
	Immediate Exhaustion & heart failure		How long 3 weeks		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. A. Callahan		
			Address Creswell md		
	Accident or Suicide? No				



Name
in
Full

Ehher O Brooks

CERTIFICATE OF DEATH

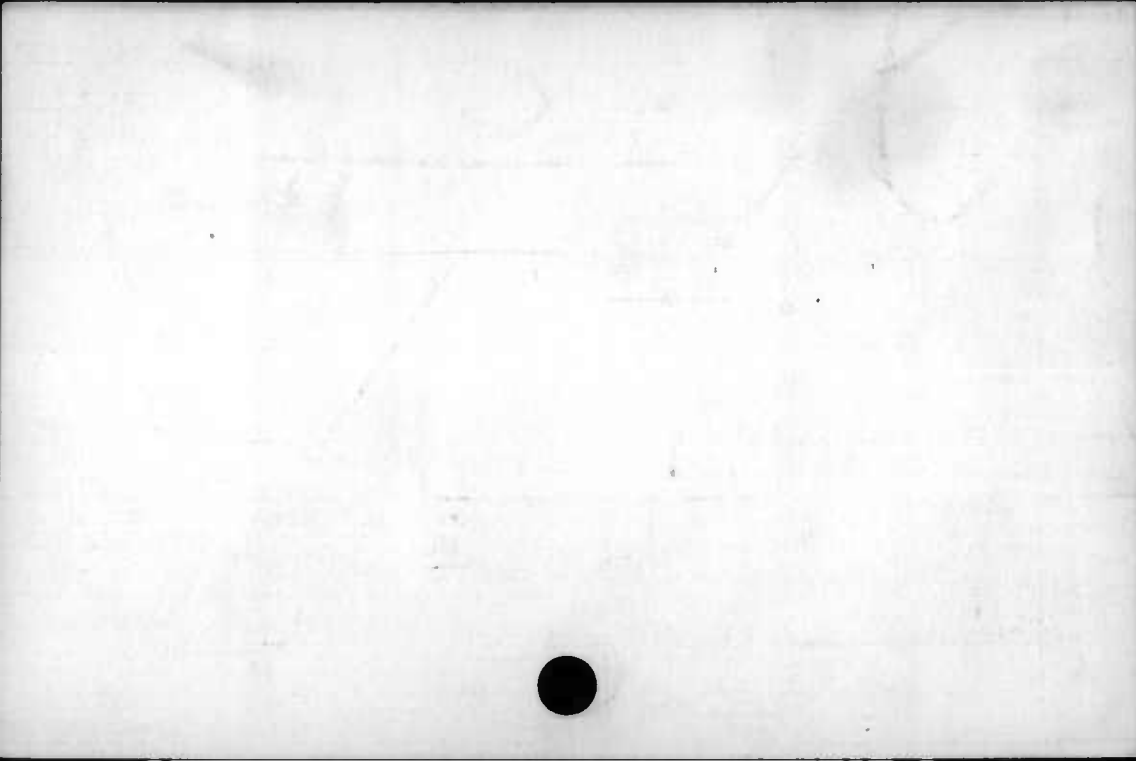
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Creswell</u> Town		<u>Hanford</u> County		MARYLAND	
Date of death	1905	Month	July	Day	21
Age	3	Years	4	Months	14
Sex	Female	Color of Race	Color	Birth-place	Ma
Occupation	None	Where Residing if not at place of death <u>home</u>			
Married, Single or Widowed	Single	Name or Wife or Husband			
Father's Name	Charles Brooks	Father's Birthplace	Ma		
Mother's Maiden Name	Ella Daugherty	Mother's Birthplace	Ma		
Name of person giving Information	Rose Daugherty	How related to deceased	Aunt		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rachitis	How long	Since birth
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr J A Callahan
		Address	Creswell Ma
Accident or Suicide?			



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at <i>Frog Town</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death 190 <i>5</i> ^{Month}	<i>7</i> ^{Day}	Age <i>44</i> ^{Years}	<i>4</i> ^{Months}	<i>17</i> ^{Days}	
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Harford Co</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Harmon</i>				
Name of Wife or Husband <i>Hannah Buchanan</i>					
Father's Name <i>Abraham Chalk</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Rachel Williams</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>Wife</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

Primary <i>Dialysis</i>	How long <i>2 yrs</i>
Immediate <i>Exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. C. Williams</i>
	Address <i>Red air m</i>
Accident or Suicide?	

Rocks - buried July 19, 1905.

Name

in
Full

CERTIFICATE OF DEATH

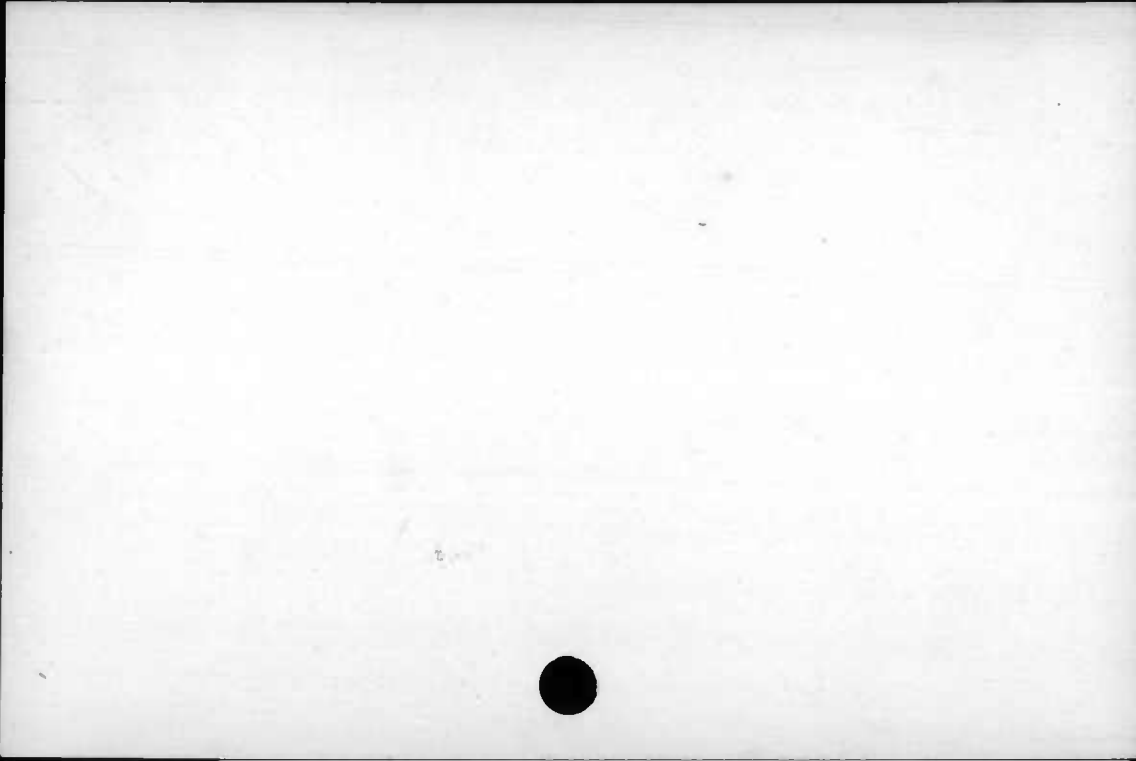
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Rock</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>7</i>	Day <i>15</i>	Age <i>31</i>	Years <i>1</i>	Months <i>8</i>	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Harford Co</i>				
Occupation <i>None</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Joshua Clark</i>			Father's Birthplace <i>Harford Co</i>				
Mother's Maiden Name <i>Harriet Clark</i>			Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Harriet Clark</i>			How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Harris</i>
	Address <i>Spirt Ind.</i>
Accident or Suicide?	



Name
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Full

Josephine Dempsey

CERTIFICATE OF DEATH

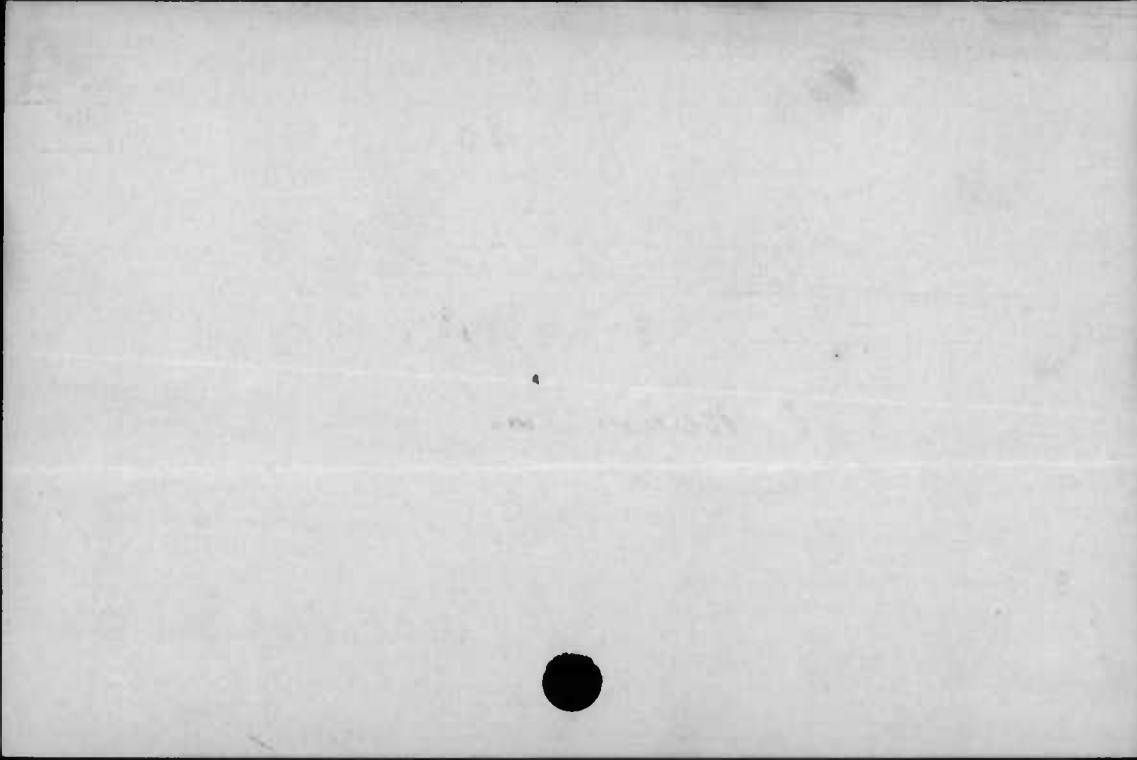
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	<i>1905</i>	Month	<i>July</i>	Day	<i>3</i>
Age		<i>30</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Harford Co</i>
Occupation	<i>Housewife</i>		Where Residing if not at place of death <i>Darlington</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Ransom Dempsey</i>		
Father's Name	_____		Father's Birthplace _____		
Mother's Maiden Name	_____		Mother's Birthplace _____		
Name of person giving information	<i>R. Thomas Brinkman</i>		How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>2 years</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Ephw Hopkins</i>	
Address		<i>Darlington Md</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

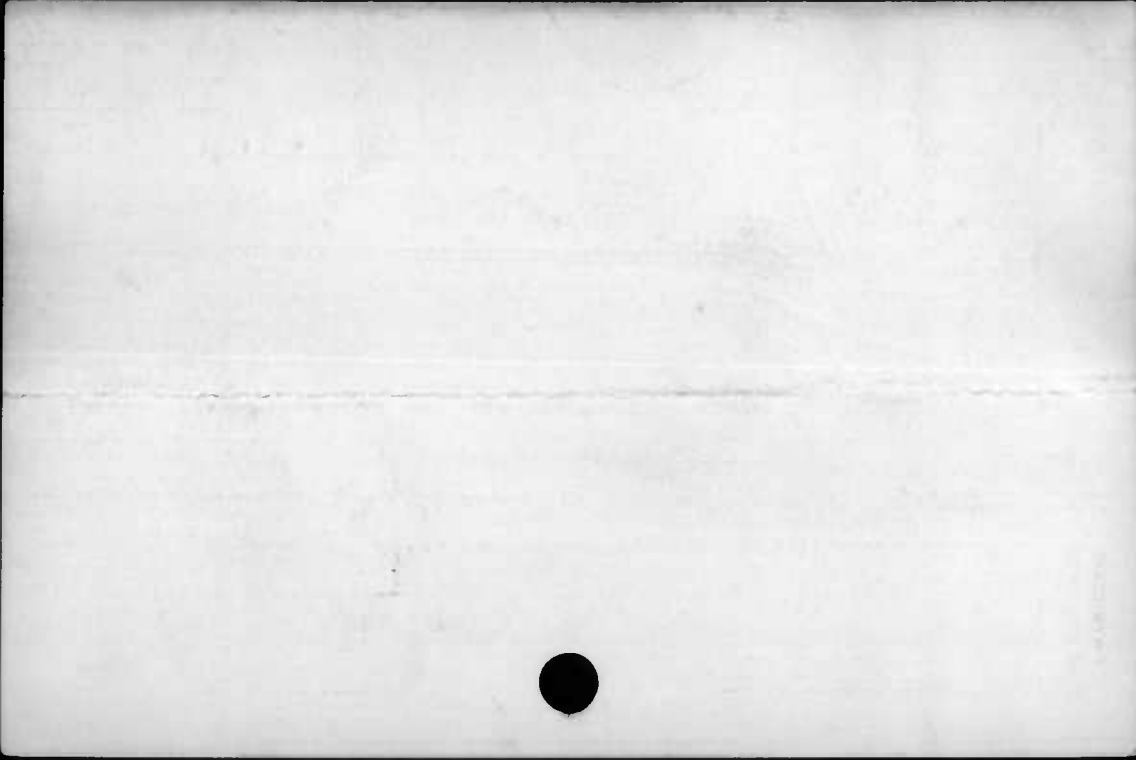
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1905	Month July	Day 3	Age 70	Years	Months 11	Days	
Sex male		Color or Race white		Birth- place Germany			
Married, Single or Widowed Married			Occupation				
Name of Wife or Husband Caroline							
Father's Name				Father's Birthplace Germany			
Mother's Maiden Name				Mother's Birthplace Germany			
Name of person giving In formation Step Son				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician ACB	
		Address	
Accident or Suicide?			



Name
in
Full

Blanch E. Gordon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hickory</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1903</u> ^{Month} <u>July</u> ^{Day} <u>20</u>		Age <u>—</u> ^{Years}		<u>6</u> ^{Months} <u>9</u> ^{Days}	
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hickory</u>			
Occupation <u>—</u>		Where Residing if not at place of death <u>"</u>			
Married , Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles U. Gordon</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Lucy E. Wilderson</u>		Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>Clara Wilderson</u>		How related to deceased <u>Uncle</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long <u>5</u>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. Chas. Richardson</u>
		Address <u>Bel Air Md.</u>
Accident or Suicide?		

Mt Zion
Sunday 23/05

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full William Hamilton		Town Garland		County Harford		MARYLAND	
Died at		Date of death 1905 - July 9		Age 68		Months — Days —	
Sex male		Color or Race white		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed widowed		Name of Wife or Husband Maggie McFadden					
Father's Name Wm Hamilton		Father's Birthplace Maryland					
Mother's Maiden Name Do not know		Mother's Birthplace Do not know					
Name of person giving information Wm Hamilton		How related to deceased Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Blood Clot	How long 5 or 6 hrs
Immediate Paralysis	How long 12 hrs
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. K. Hill M.D.
	Address Dorchester, Md
Accident or Suicide?	



Name
in
Full

Alford McKinley Hawkins

CERTIFICATE OF DEATH

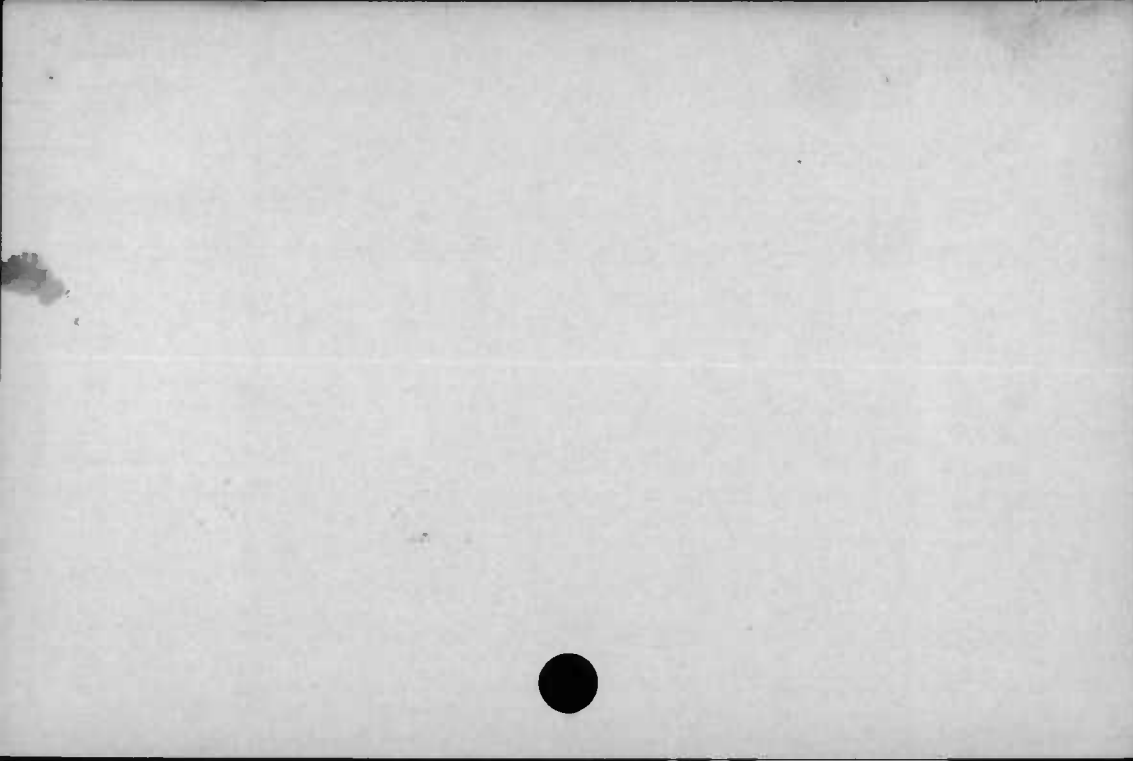
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lapidum</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1900	Month	July	Day	20
Age		Years		Months	Days
8		20			
Sex	Boy	Color or Race	Col	Birth-place	Lapidum
Occupation	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Oscar Hawkins</i>		Father's Birthplace	
				<i>Lapidum</i>	
Mother's Maiden Name		<i>Hellen Hawkins</i>		Mother's Birthplace	
				<i>Shures</i>	
Name of person giving information		<i>father Oscar Hawkins</i>		How related to deceased	
				<i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>(Circled 7)</i>	How long
Immediate	<i>Whooping Cough</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Bailey & Baldwin</i>	
	Address <i>Level H. S.</i>	
	<i>M. Dr</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

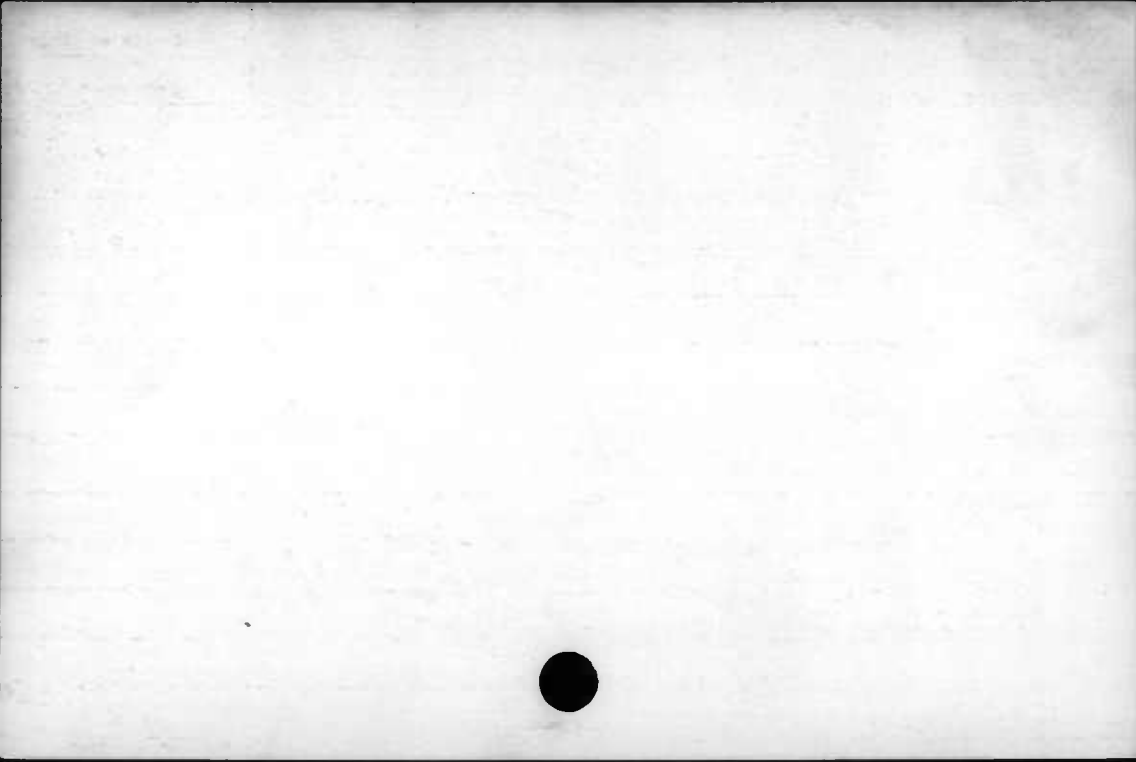
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hamdenrace</i>		Town		<i>Harford</i>		County		MARYLAND	
Date of death <i>1905</i>		Month <i>July</i>		Day <i>22</i>		Age <i>46</i>		Years Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Frederick County</i>					
Occupation <i>Laborer & Fisherman</i>				Where Residing if not at place of death <i>Pond Creek Fred Co.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband							
Father's Name						Father's Birthplace			
Mother's Maiden Name						Mother's Birthplace			
Name of person giving information <i>Oliver Pearson Negro</i>						How related to deceased <i>Uncle</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Drowning</i>	How long <i>17</i>
Immediate <i>Drowning</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician or Coroner <i>Sylvester E. Pearson</i>
	Address <i>Hamdenrace</i>
Accident or Suicide? <i>Accident</i>	<i>Wed</i>



Name in Full

Certificate of Death

Robert B. Hopkins -
 Town Level, County Harford MARYLAND
 Died at 1905 Month 7 Day 29 Y. 45 M. D. Native of Ind. Occupation Farmer -
 Date ~~189~~ Male White Married Widow Divorced
~~Female~~ Colored Single Widower Number of children living 3 -

Husband of Susaw D. Hopkins
 Father's Name Wilmer Hopkins Mother's Name Mary B. Hopkins

Cause of Death { Primary Chronic interstitial Nephritis How long sick 2 months.
 Immediate

Reported by W. S. Gorouch, M. D.
 Address Churchville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968



Name
in
Full

Lillian V Lingham

CERTIFICATE OF DEATH

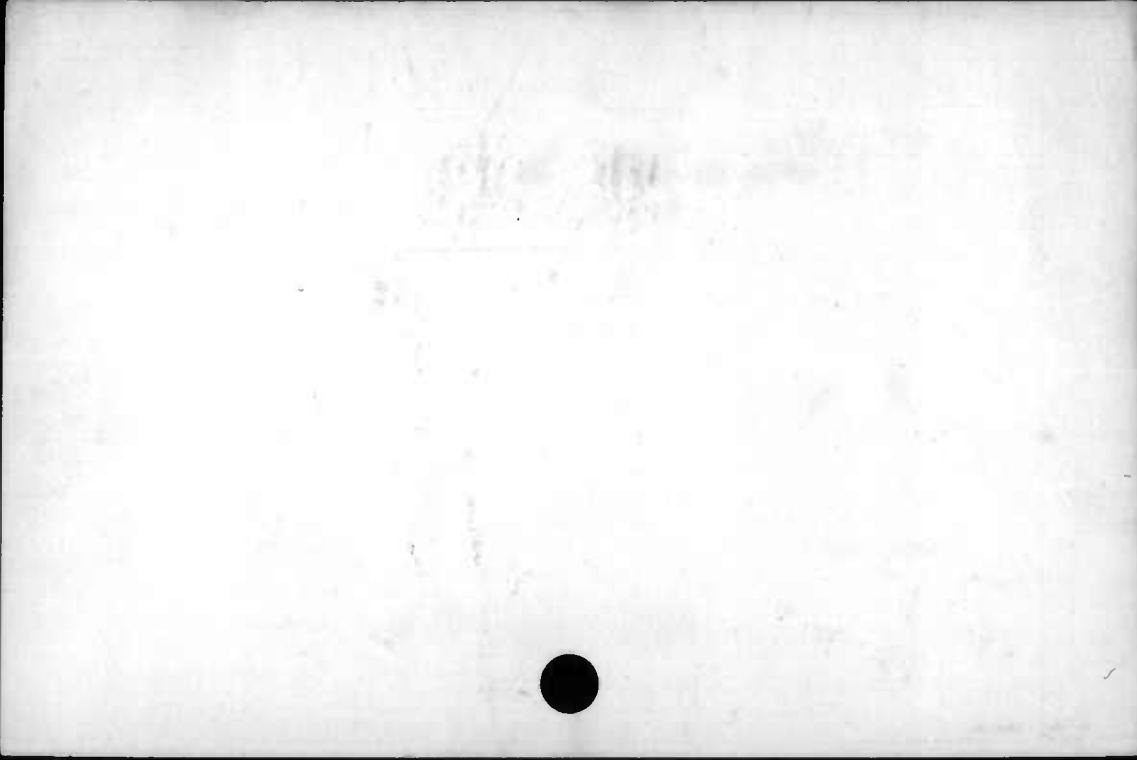
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Abingdon		County Haywood		MARYLAND	
Date of death		1905	Month 7	Day 3	Age	Years 13	Months Days
Sex Female		Color or Race Colored		Birth- place Maryland			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name Jack				Father's Birthplace (105)			
Mother's Maiden Name Pearley Washington				Mother's Birthplace			
Name of person giving Information Pearley Washington				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Summer Camppland		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Charles R. Rott		Address Edgewood	
Accident or Suicide?					



Name
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Full

Corrine Elizabeth Moore

CERTIFICATE OF DEATH

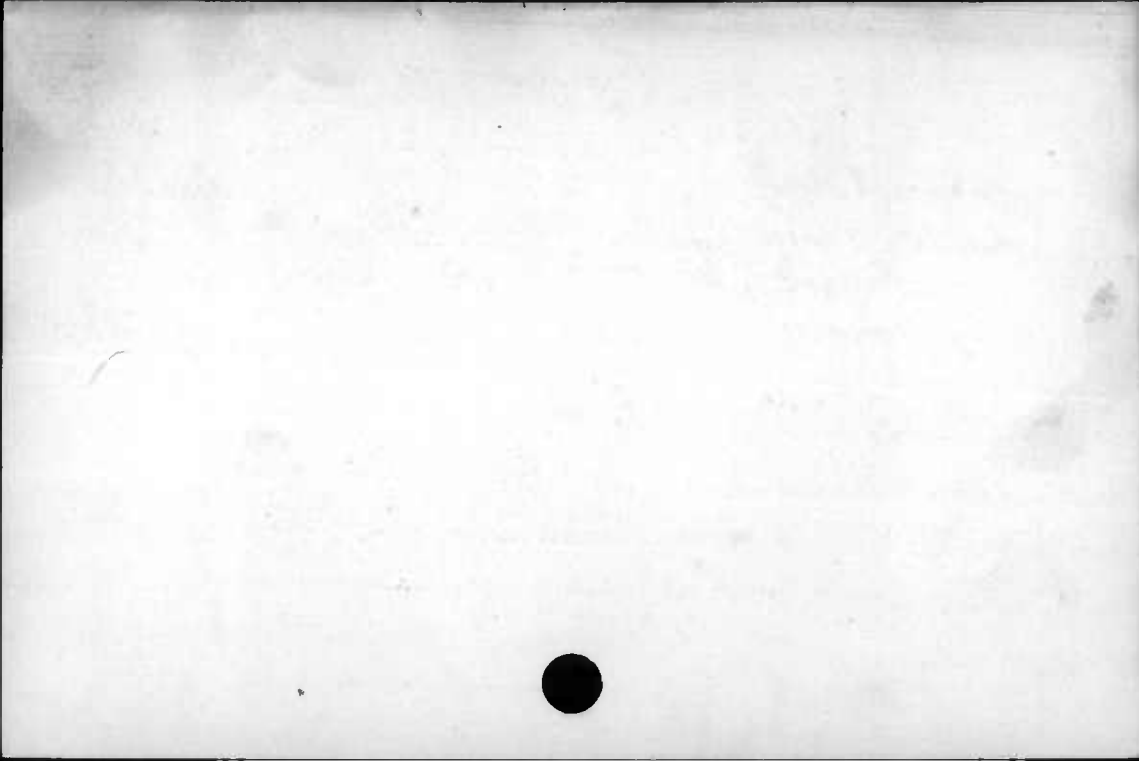
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} High Point		^{County} Harford		MARYLAND	
Date of death	1905	Month	July	Day	5th
Age	28	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Somerset Md
Occupation	Housekeeping		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		William S Moore			
Father's Name	James R Warren			Father's Birthplace	Maryland
Mother's Maiden Name	Jennie Lankford			Mother's Birthplace	Delaware
Name of person giving information	W S Moore			How related to deceased	Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of Lungs	How long	9 months
Immediate	Asthenia	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		H. F. Bradley M.D.	
		Address	
		Jarrettsville Md.	
Accident or Suicide?			



Name
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Full

Lavinia R. Osborn

CERTIFICATE OF DEATH

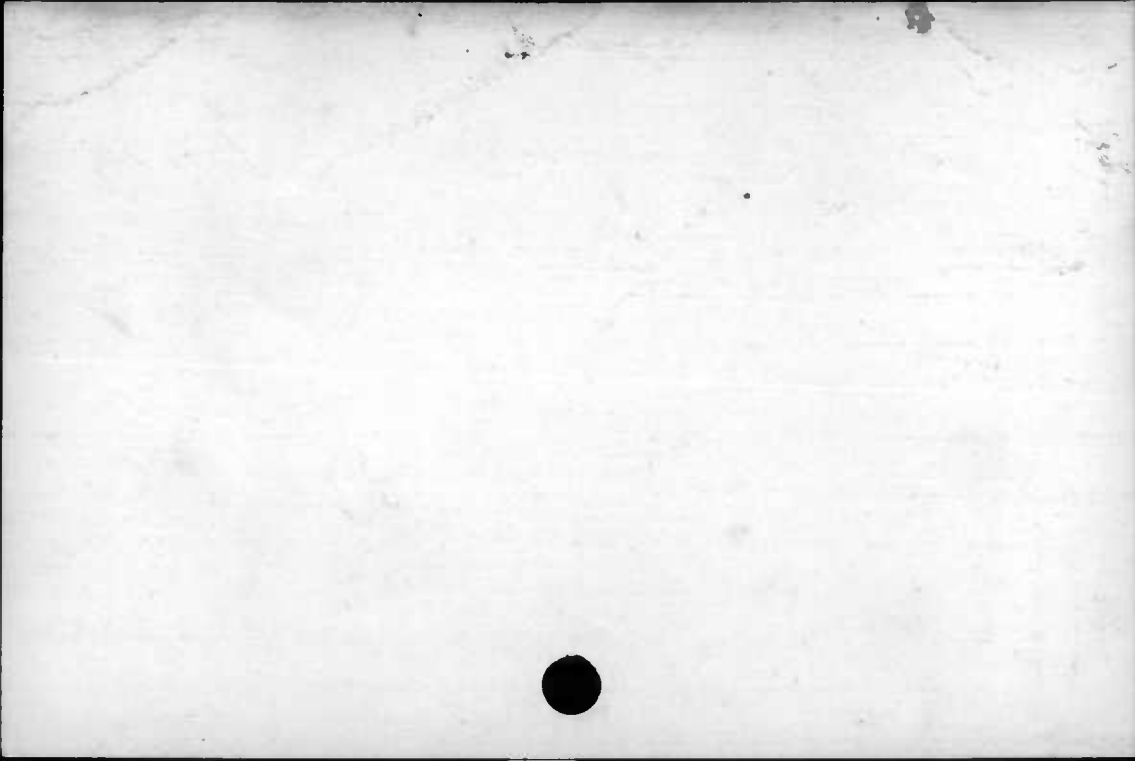
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Aberdeen</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death <i>1905</i> ^{Month} <i>July</i> ^{Day} <i>8</i>		Age <i>46</i> ^{Years}		Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Harford Co</i>		
Occupation <i>House wife</i>		Where Residing if not at place of death			
<input checked="" type="checkbox"/> Married, Single <i>Widowed</i>		Name of W Husband <i>John Osborn</i>			
Father's Name <i>Joshua Raw-houser</i>		Father's Birthplace <i>York, Pa.</i>			
Mother's Maiden Name <i>Elizabeth Hicks</i>		Mother's Birthplace <i>Md -</i>			
Name of person giving In formation <i>Wm. Raw-houser</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>3 yrs.</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Chas. H. Krite</i>
	Address <i>Aberdeen, Md.</i>
Accident or Suicide? <i>—</i>	



Name
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Full

Eli S. Rigdon

CERTIFICATE OF DEATH

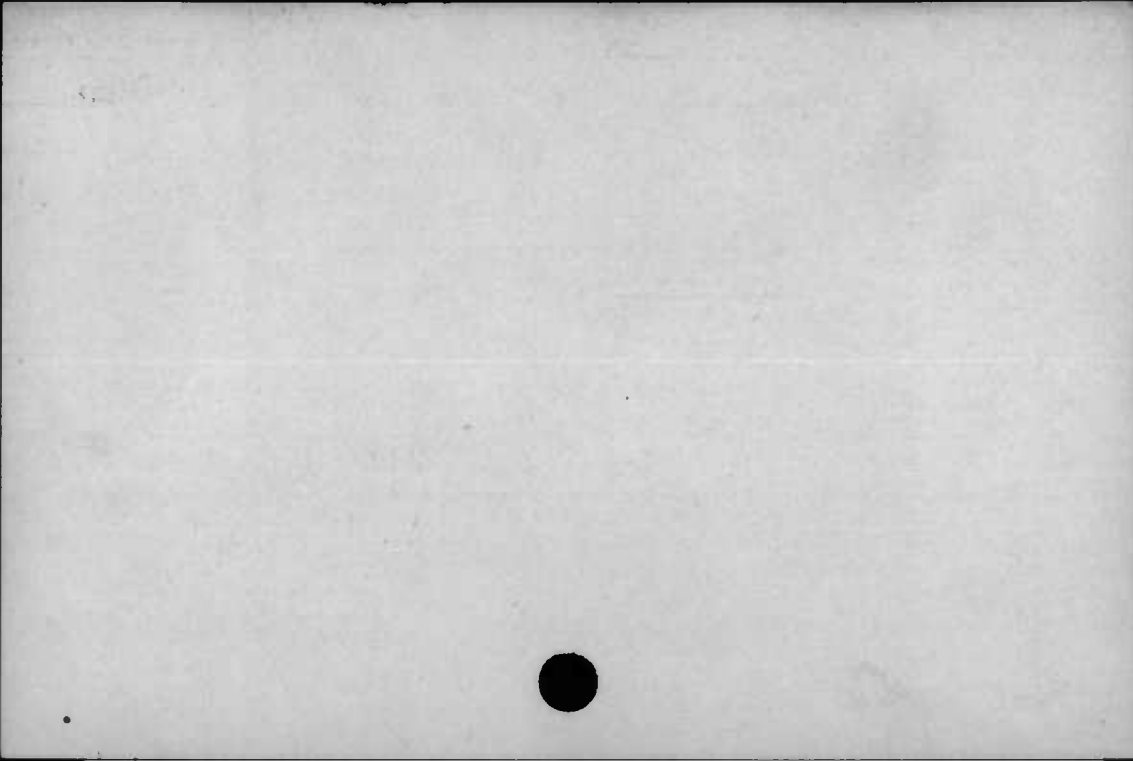
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mill Grove</i> ^{Town}		<i>Harford</i> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	8
		Age	86	Years	86
		Months	1	Days	14
Sex	male	Color or Race	white	Birth-place	Mill Grove
Occupation	Hammer				
Where Residing if not at place of death	—				
Married, Single or Widowed	Name of Wife <i>Mary. Rigdon</i>				
Father's Name	<i>Baker. Rigdon</i>		Father's Birthplace	<i>Mill Grove</i>	
Mother's Maiden Name	<i>Mary Brown</i>		Mother's Birthplace	<i>Cecil Co.</i>	
Name of person giving information	<i>Mrs. Hilder</i>		How related to deceased	<i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>old age</i>	How long	<i>126</i>
Immediate	<i>Laryngeal Tuberculosis</i>	How long	<i>One year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. C. Arthur</i>
		Address	<i>Spent - Md</i>
Accident or Suicide?			



Name
in
Full

John Sewell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Hamden* ^{Town}*Stanford* ^{County}

MARYLAND

Date of death *1905* ^{Month} *July*^{Day} *22* ^{Years} *40* ^{Age}

Months

Days

Sex *Male*Color or
Race*Negro*Birth-
place*Carl Co.*Occupation
*Labourer*Where Residing if not
at place of death*Pond Creek Carl Co.*Married, Single
or Widowed*Married*Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
information*Off Reason Negro*How related
to deceased*No*

CAUSES OF DEATH

Primary

Drowned

How long

Immediate

Drowning

How long

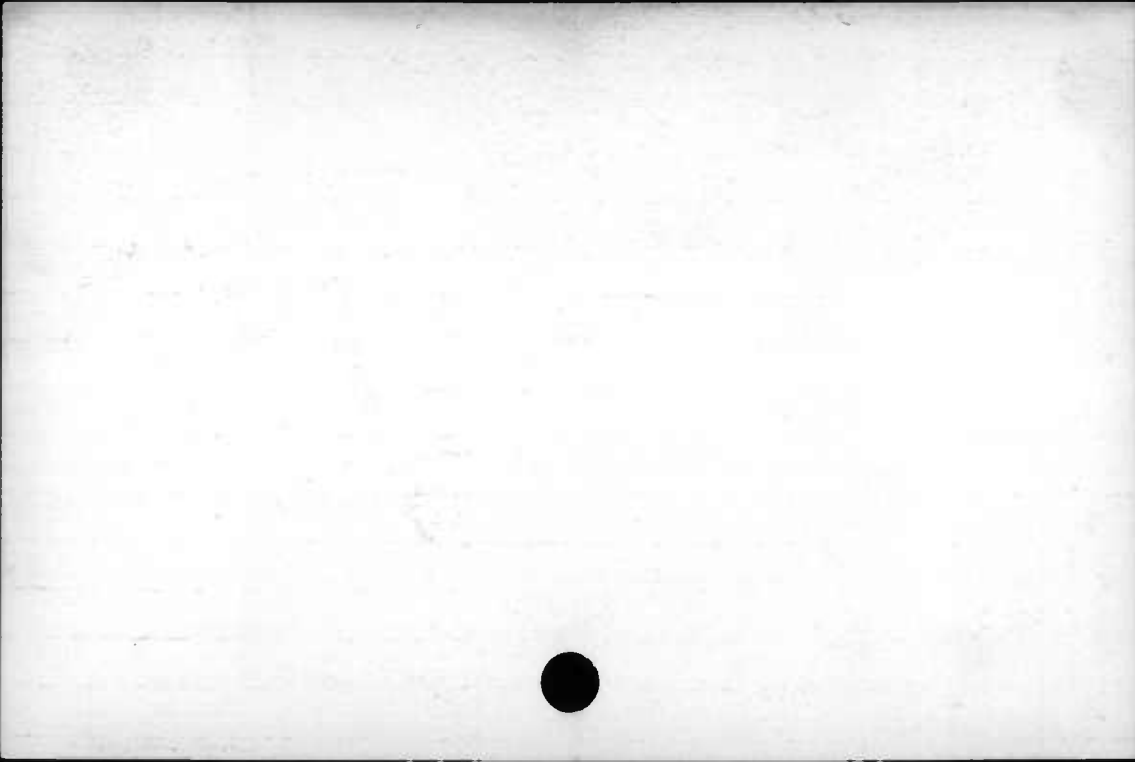
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Crowder Sylvester E. Sewell**Hamden*

Accident or Suicide?

*Accident**Yes*



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

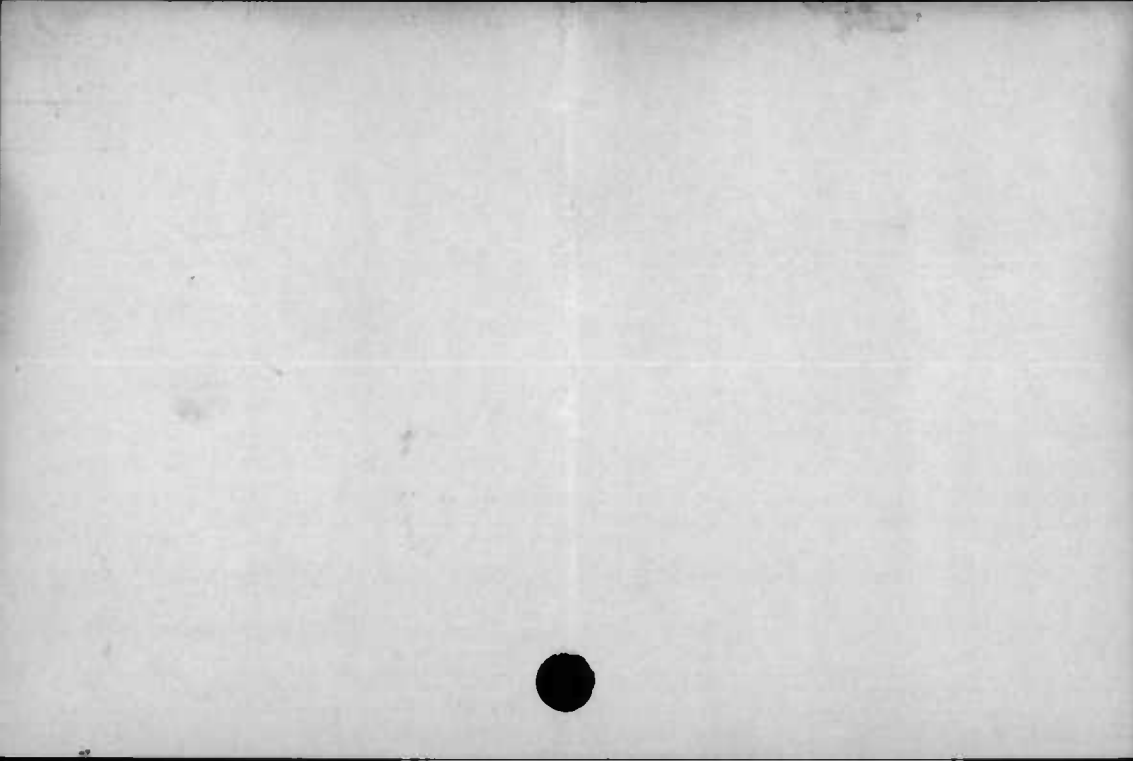
CERTIFICATE OF DEATH

MARYLAND

Died at <i>Easton</i>		Town <i>Harford</i>		County	
Date of death <i>1905</i>	Month <i>July</i>	Day <i>18</i>	Age <i>82</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Crail Md</i>		Days
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Joseph H. Shauk</i>			Father's Birthplace <i>Bach-Ed</i>		
Mother's Maiden Name <i>Barriett, Garrett</i>			Mother's Birthplace <i>Crail Md</i>		
Name of person giving information <i>Marvick Shauk</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

Primary <i>Old age</i>	How long <i>104</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. E. Arthur</i>
	Address <i>Shut-Md</i>
Accident or Suicide?	



Name
in
Full

Mary F Stevenson

CERTIFICATE OF DEATH

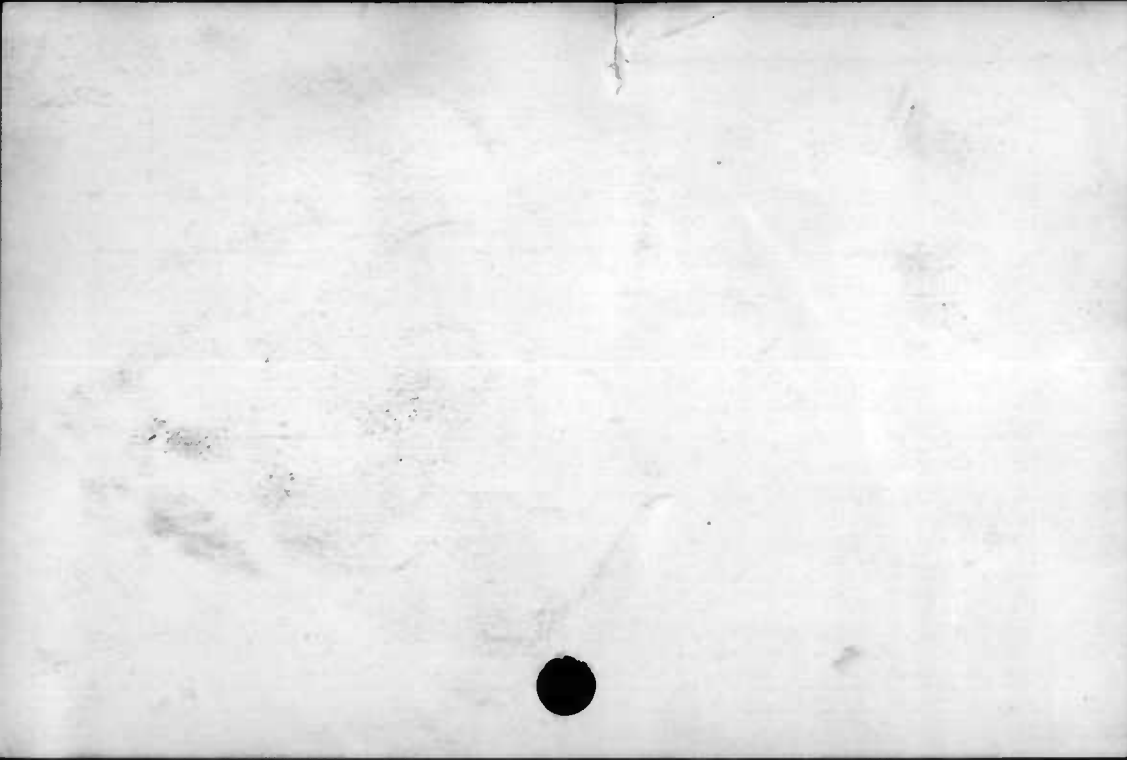
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Clermont Mills		County Harford		MARYLAND	
Date of death	1905	Month July	Day 26 th	Years 25	Months 146	Days 128	
Sex	Female		Color or Race	Negro		Birth- place	Harford
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Mary F Wye			
Father's Name	Jarrett Johnson				Father's Birthplace	Harford	
Mother's Maiden Name	Elen Wye				Mother's Birthplace	Harford	
Name of person giving In formation	Husband & wife				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *	Epilepsy	How long	2 years
Immediate	Contraction Medulla Oblongata	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. B. Hayward M.D.
		Address	Dyersville Harford
Accident or Suicide?			



Name in Full

Certificate of Death

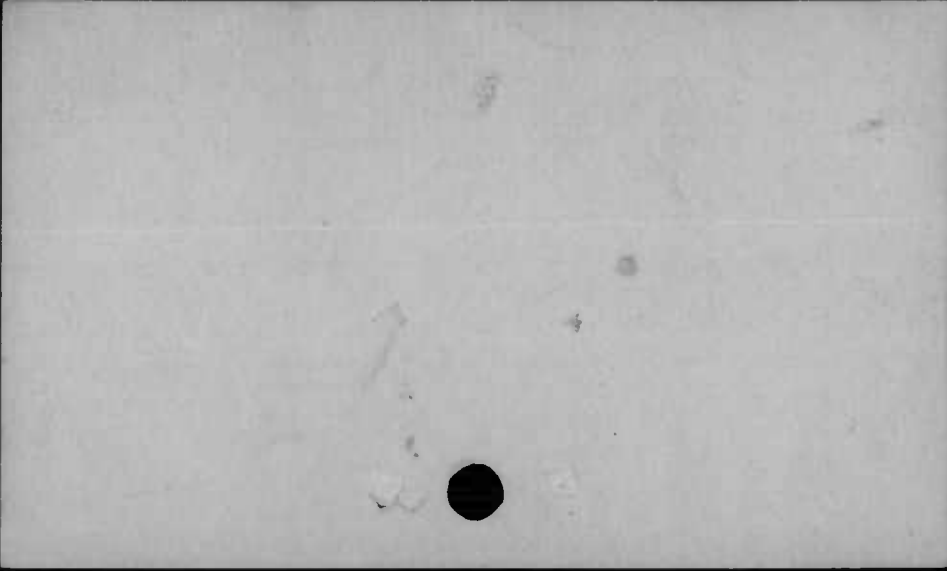
Name in Full *William H. Streett*
 Town *Clermont Mills* County *Harford* MARYLAND
 Died at
 Date *1905* Month *July* Day *14th* Age *72* Y. *-* M. *-* D. *-* Native of *Harford* Occupation *Farmer*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☐
~~Female~~ ~~Colored~~ ~~Single~~ Number of children living *1*

Husband of *Rosa Butler*
 Wife
 Father's Name *Thos. Streett* Mother's Name *[illegible]*
 Cause of Death { ~~Pneumonia~~ *Locomotor ataxia* How long sick *62*
 { Immediate *Heart failure* Accident, Suicide, Homicide ☒

Reported by *Dr. Thos. B. Hayward*
 Address *Pylesville* *Harford Co MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968.



Name
in
Full

Annie E. M. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Level</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death	190 <u>0</u> ^{Month}	<u>July</u> ^{Day}	<u>10</u> ^{Year}	Age <u>71</u>	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Harford Co</u>		
Occupation <u>House work</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>John Reese Walker</u>			
Father's Name <u>Wm. Wiles</u>		Father's Birthplace <u>Med</u>			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>—</u>			
Name of person giving information <u>Howard W. Baldwin</u>		How related to deceased <u>nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Disease of Brain. (Insanity)</u>	How long <u>several years</u>
Immediate	<u>Heart & Kidney complications</u>	How long <u>3 or 4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. L. Hopkins</u>
		Address <u>Stavre de Grace</u>
Accident or Suicide?		<u>Med</u>



Name
in
Full

Erick Halstrom

CERTIFICATE OF DEATH

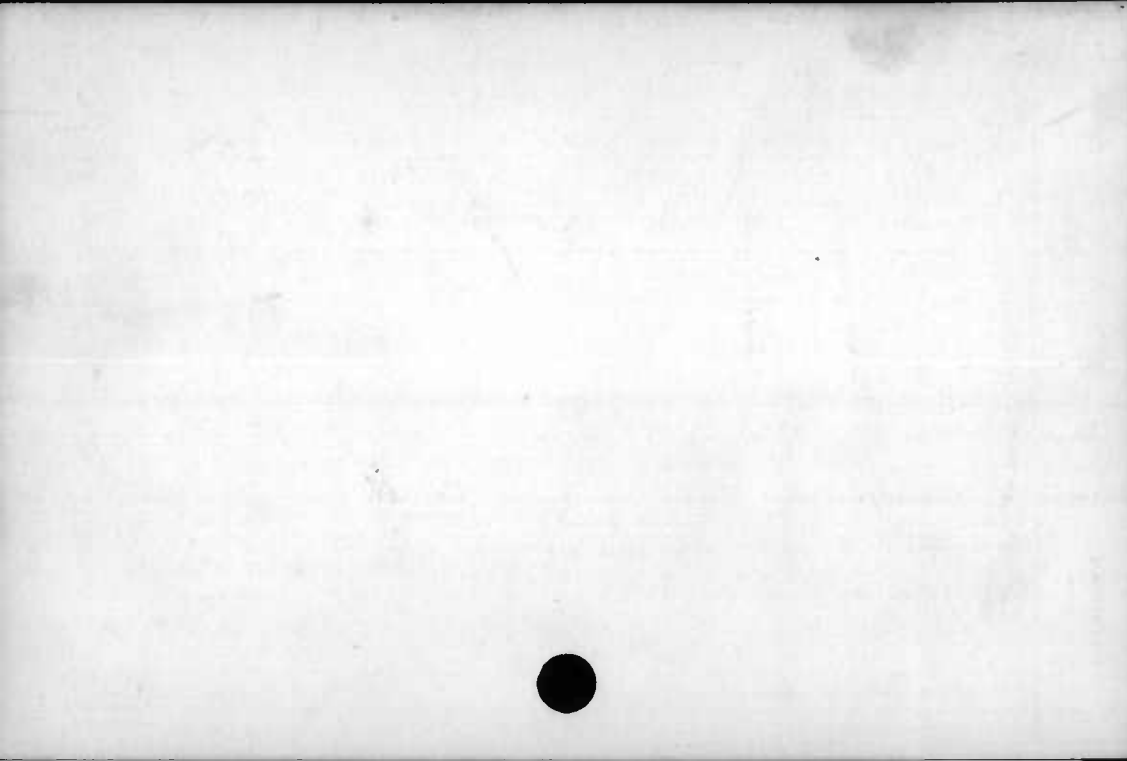
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Havre de Grace</i>		Town <i>Havre de Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death 1905	Month <i>July</i>	Day <i>17</i>	Age <i>1</i>	Years <i>1</i>	Months <i>7</i>	Days <i>3</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>John Wahbrum</i>				Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Bessie Strong</i>				Mother's Birthplace <i>Harford Co</i>			
Name of person giving information <i>Father</i>				How related to deceased <i>✓</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>2 weeks</i>
Immediate <i>Convulsions</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. C. Crofting</i>
	Address <i>Havre de Grace</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Elizabeth Weber*

Died at *Clayton* Town *Wayford* County

Date of death *1902* Month *7* Day *24* Age *74* Years Months Days

Sex *Female* Color or Race *White* Birth-place

Occupation Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information*Mrs Reinhard*How related
to deceased*Step Daughter*

CAUSES OF DEATH

Primary

Dropsy

How long

Immediate

Heart Failure

How long

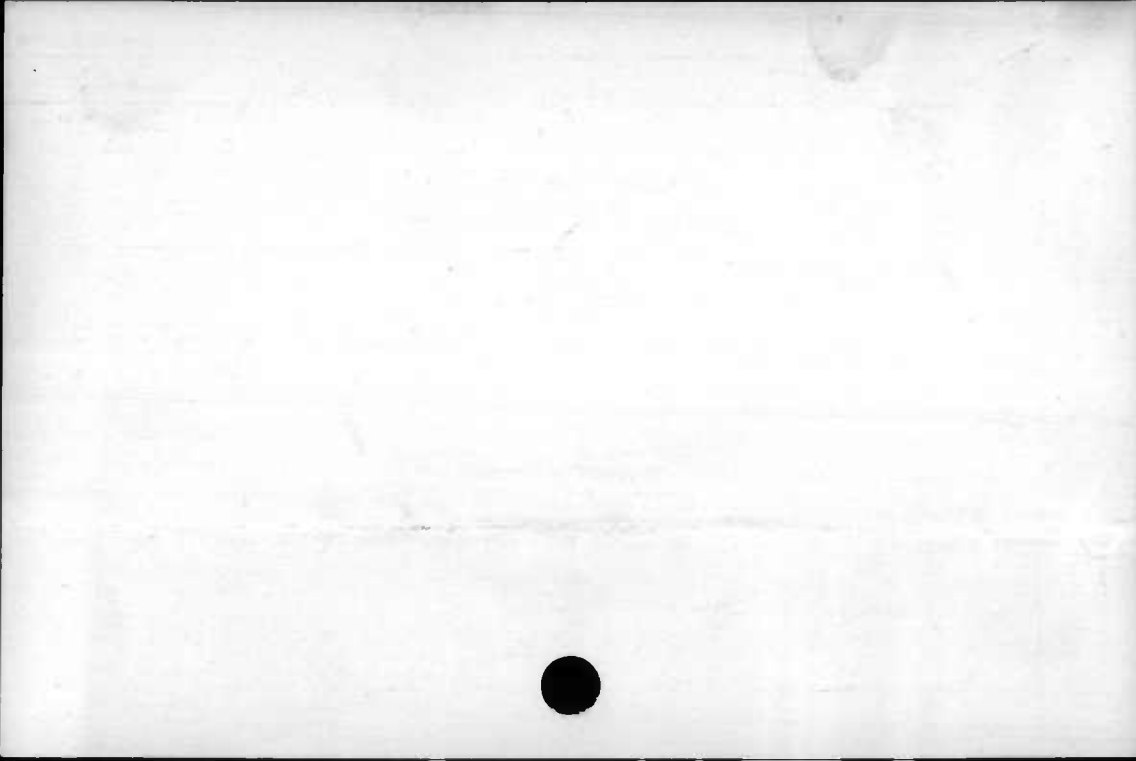
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

Dr. Apperman
Abington Wayford
CO

Accident or Suicide?

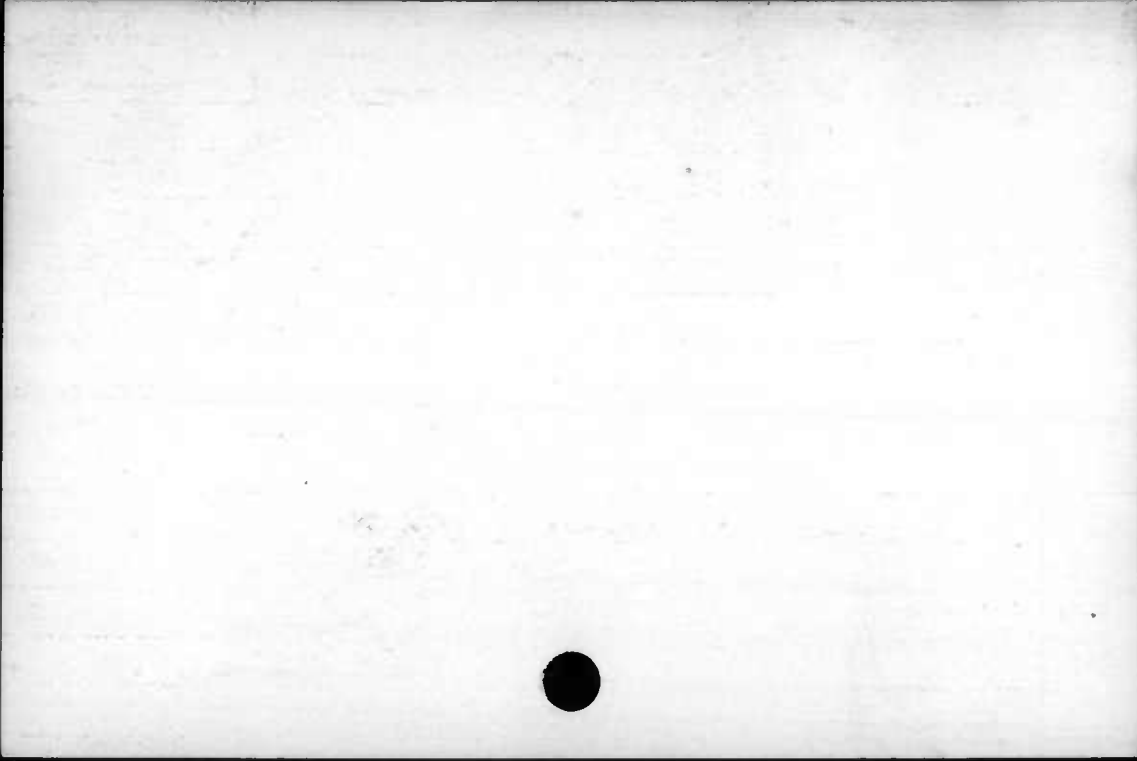
*m*PHYSICIAN
OR CORONER



Name in Full Laura Warner		CERTIFICATE OF DEATH	
Died at Ham delman Tcwn		County Hanford	
Date of death 1905 Month 7 Day 3		Age Years Months Days	
Sex Female Color or Race White		Birth-place Ind	
Occupation In fruit		Where Residing if not at place of death Ham delman	
Married, Single or Widowed		Name of Wife or Husband	
Father's Name John Warner		Father's Birthplace Ind	
Mother's Maiden Name Edith Mitchell		Mother's Birthplace Ind	
Name of person giving information John Warner		How related to deceased Father	
CAUSES OF DEATH			
Primary Neglect		How long	
Immediate Pneumonia		How long 1 Month	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. Lantz M.D.	
		Address Ham delman Ind.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Gladys Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Leesburg Town Hanford County

Date of death 1908 - Month 7 Day 15 Age — Years — Months 8 Days —

Sex Female Color or Race White Birth-place Leesburg

Occupation — Where Residing if not at place of death Same

Married, Single or Widowed single Name of Wife or Husband —

Father's Name James J. Williams Father's Birthplace Maryland

Mother's Maiden Name Ellen J. (Long) Williams Mother's Birthplace Penn

Name of person giving information Ellen J. How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cholera Infantum How long 4 days & 5

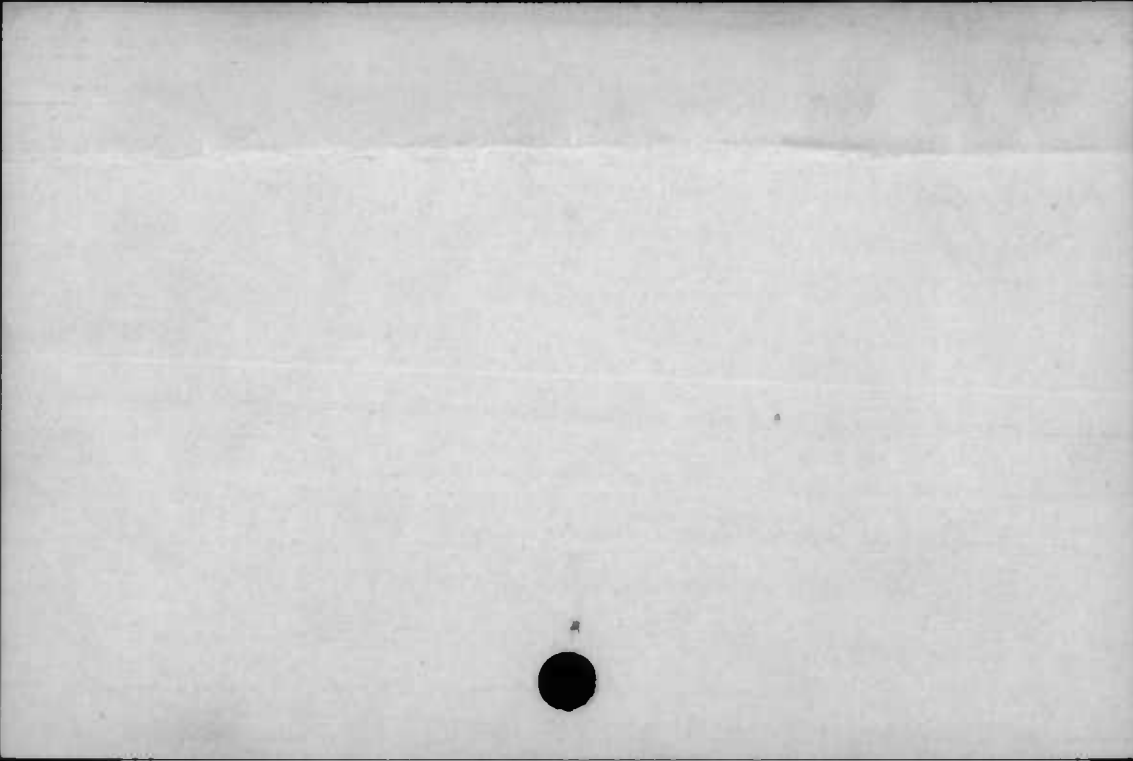
Immediate Quarantine How long 1 day

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm. J. Weller

Address Weller

Accident or Suicide? ✓



Name
in
Full

Rebecca Northington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bay of Grace</i>		Town <i>Bayford</i>		County		MARYLAND	
Date of death	<i>1905</i>	Month	<i>7</i>	Day	<i>21</i>	Age	<i>77</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birthplace		<i>Churchville Md</i>	
Occupation	<i>House wife</i>		Where Residing if not at place of death				
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband <i>John Northington</i>					
Father's Name	<i>John Evans</i>		Father's Birthplace		<i>Scotland</i>		
Mother's Maiden Name	<i>Mary Wakeland</i>		Mother's Birthplace		<i>Churchville</i>		
Name of person giving information	<i>James Northington</i>		How related to deceased		<i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Loeo. moris Alacida</i>	How long	<i>about 2 yrs</i>
Immediate	<i>Dysentery</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. M. Smith</i>
		Address	<i>Bay of Grace</i>
Accident or Suicide?			<i>Med</i>

